



**NMSU FIRE DEPARTMENT  
EMERGENCY COMMUNICATIONS SYSTEMS  
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**



**PROPERTY INFORMATION**

Name of property: \_\_\_\_\_

Address: \_\_\_\_\_

**DESCRIPTION OF SYSTEM OR SERVICE**

\_\_\_ Fire alarm with in-building fire emergency voice alarm communication system (EVAC)

\_\_\_ Mass notification system

\_\_\_ Combination system, with the following components:

\_\_\_ Fire alarm                      \_\_\_ EVACS

\_\_\_ MNS                                \_\_\_ Two-way, in-building, emergency communications system

\_\_\_ Other (specify): \_\_\_\_\_

Additional description of system(s): \_\_\_\_\_

**In-Building Fire Emergency Voice Alarm Communications System**

Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

Number of single voice alarm channels: \_\_\_\_\_ Number of speakers: \_\_\_\_\_

Number of multiple voice alarm channels: \_\_\_\_\_ Number of speaker circuits: \_\_\_\_\_

Location of amplification and sound processing equipment: \_\_\_\_\_

\_\_\_\_\_

Location of paging microphone stations:

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

Location 3: \_\_\_\_\_

**Mass Notification System**

System Type:

\_\_\_ In-building MNS-combination                      \_\_\_ In-building MNS

\_\_\_ Wide-area MNS    \_\_\_ Distributed recipient MNS

\_\_\_ Other (specify): \_\_\_\_\_

*This form is to be completed by the system inspection and testing contractor at the time of a system test.*

*Attach additional sheets, data, or calculations as necessary to provide a complete record. Number of Supplemental Form(s) Attached: \_\_\_\_\_*

Inspection/Test Start Date/Time: \_\_\_\_\_ Inspection/Test Completion Date/Time: \_\_\_\_\_